



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
16 EDISON DRIVE  
AUGUSTA, MAINE  
04330

COL. MALCOLM T. DOW  
ACTING COMMISSIONER  
  
JAY BRADSHAW, EMT-P  
DIRECTOR

**Maine EMS Education Committee  
Meeting Minutes  
Wednesday, January 14, 1998  
Maine EMS Conference Room, Augusta, Maine**

**Present:** J Brinkman, B. Davis, B. Demchak, P. Marcolini, D. Palladino, P. Plumer, S. Shapleigh, K. Suminsby, L. Worden, B. Zito

**Staff:** D. Corning

**I. Call to Order** - The meeting was called to order at 9:45 AM.

- a. **Introductions** - None necessary
- b. **Assign Timekeeper** - Dan Palladino
- c. **Additions/Deletions to Agenda:** None

**II. Acceptance of Minutes:**

**Motion to accept the December 10, 1997 minutes as submitted. (Palladino; Davis) Motion Passed.**

**III. Staff Report:**

- a. A Data Committee is being organized, which will include Bill Dunwoody, Gam Boehm, Tom Brackett, Mike Sturgeon, Darren Davis, Joanne Lebrun.
- b. Operations Team is continuing to work on re-engineering the credentialling process.
- c. Board granted two waivers at their December meeting for RN's challenging to the EMT-CC level.
  - 1. Four RN's from Penobscot Valley Hospital who were currently completing the EMT-Basic program because an RN/EMT Bridge program was canceled. They were given a six month extension.
  - 2. Any RN who had completed all didactic and clinical objectives by 12/31/97 and needed just the state test, since the last test had been offered on 12/6/97. This group was given a two month extension.

Question was asked if the staff knew anything about an RN to Paramedic Bridge program being worked on, as Sandy had heard a rumor that this might be taking place. Paul Marcolini had information that a group of RN's from CMMC ER had an interest in bridging over to paramedic. This interest had been spurred by having paramedics working in the Emergency Department. One meeting has reportedly taken place, attended by Ken Albert - ER Manager, 2 nurses interested in the program, Keith Walters - a paramedic involved in the program, and Patrick Cote. They reportedly had an initial discussion about what would it

take to make this happen, how many people would really be interested, and what would the steps be for something like this to actually take place.

#### IV. Old Business:

- a **EMS/TC Task Force:** John Fields will be following up with John Fitzimmons to see about the scheduling of the next meeting.
- b **EMT-Intermediate:** Paul Marcolini wrote a letter to the Board & Ops Team, recognizing that the new NSC for EMT-I is still a long way down the road, leaving the Education Committee with essentially the following 3 options to look at. Those three options are:
  - 1. Move forward with the existing EMT-I program review, making recommendations to the exam committee for the test, etc.
  - 2. Continue to leave the EMT-I program in our waiting room until the new NSC for EMT-I is complete and can be reviewed.
  - 3. Entertain the Southern Maine proposed adjunct to our current EMT-I program.
- c **Preceptor Guidelines:** The committee discussed “the look of the individual preceptor”, and reached agreement on the following six points:
  - 1. The preceptor will be licensed/certified/registered at or above the licensure level that the student is seeking.
  - 2. The preceptor will have at least 2 year’s experience at that or a higher licensure level.
  - 3. The preceptor will maintain ongoing favorable student evaluations.
  - 4. The preceptor will have an interest in being a preceptor (not just appointed by a service), and be committed to the functions of a teaching role.
  - 5. Preceptors will be currently licensed/certified/registered by their appropriate EMS agency, and their license/certificate/registration will be in good standing.
  - 6. Exceptions to these standards will be evaluated on a case by case basis.
- d **I/C Program:** Just a reminder to regions that they are supposed to send information to Dwight by March 1st on where they feel the I/C program needs to go.
- e **First Responder Program:** Subcommittee is on target on their timeline. The Education Committee should be receiving information from this subcommittee in late January, and should be prepared to discuss it at the February meeting.

#### V. New Business:

- a. **CBO’s:** There was discussion of what our intent was in the area of where the in-hospital clinical rotations should be done, when these CBO’s were developed earlier this year. For example, the EMT-Intermediate section states “The clinical experience must include Field Internship (24 hours), and Clinical Rotations (76 hours) - which will include but not be limited to: Critical Care Units (CCU), Respiratory Therapy, Surgical Units, or other clinical areas which may be obtained and which will enhance the students clinical experience.” The question that arose was whether or not each of the mentioned areas had to be utilized, along with other areas, or if the mentioned areas were just examples of areas that could be utilized, but no area was mandated. Discussion of the committee lead to the following conclusions:
  - 1. Students will do some time in each of the areas that are specifically mentioned, with amount of time in each area left to the discretion of the course clinical coordinator.
  - 2. The terminology “Critical Care Unit (CCU)” utilized in the CBO’s, is meant to include any acute care unit, such as Special Care Unit, Intensive Care Unit, etc.

3. Although not specifically mentioned, it is the understanding of this committee that the Emergency Department is considered an acute care unit, so students should spend some time in that department, **as well as** spending time in other representative areas of acute care units.
- b. **Other:** None

Respectfully Submitted,

Dwight Corning